Winter 2020
Training Manual
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>2</td>
</tr>
<tr>
<td>Important Dates</td>
<td>3</td>
</tr>
<tr>
<td><strong>I. HOSPITAL INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Welcome Letter</td>
<td>5</td>
</tr>
<tr>
<td>Hospital Mission Statement</td>
<td>6-7</td>
</tr>
<tr>
<td><strong>II. PROGRAM INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>General Information</td>
<td>9-10</td>
</tr>
<tr>
<td>Policy &amp; Procedures</td>
<td>11-19</td>
</tr>
<tr>
<td>Position Description</td>
<td>20-24</td>
</tr>
<tr>
<td>Duties by Department</td>
<td>25-26</td>
</tr>
<tr>
<td>Care Extender Staff Positions</td>
<td>27-30</td>
</tr>
<tr>
<td>Care Extender Tips</td>
<td>31-33</td>
</tr>
<tr>
<td>Lifting and Proper Body Mechanics</td>
<td>34-35</td>
</tr>
<tr>
<td><strong>III. PROGRAM FORMS</strong></td>
<td></td>
</tr>
<tr>
<td>Program Forms Description Sheet</td>
<td>37-38</td>
</tr>
<tr>
<td><strong>IV. SECURITY &amp; CODES</strong></td>
<td></td>
</tr>
<tr>
<td>Environment of Care Safety Information Sheet</td>
<td>40-42</td>
</tr>
<tr>
<td><strong>V. MEDICAL TOPICS</strong></td>
<td></td>
</tr>
<tr>
<td>Medical Topics</td>
<td>44-45</td>
</tr>
<tr>
<td>Infection Control</td>
<td>46-49</td>
</tr>
<tr>
<td><strong>VI. AGE SENSITIVITY</strong></td>
<td></td>
</tr>
<tr>
<td>Specific Patient Populations</td>
<td>51-52</td>
</tr>
</tbody>
</table>
# Care Extender Internship Program

## Important Dates

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/17/20</td>
<td>MONDAY</td>
<td>Winter Rotation Begins/Start Volunteering</td>
</tr>
<tr>
<td>3/01/20</td>
<td>SUNDAY</td>
<td>Begin Signing-Up for Preferences</td>
</tr>
<tr>
<td>3/15/20</td>
<td>SUNDAY</td>
<td>Preferences Due</td>
</tr>
<tr>
<td>4/05/20</td>
<td>SUNDAY</td>
<td>Spring Preferences Posted</td>
</tr>
<tr>
<td>5/03/20</td>
<td>SUNDAY</td>
<td>Department Specific Meeting &amp; Training</td>
</tr>
<tr>
<td>5/11/20</td>
<td>MONDAY</td>
<td>Spring Rotation Begins</td>
</tr>
</tbody>
</table>

Please note the dates are subject to change. Should there be any changes please refer to the Care Extender Brief emails. Emails reminding you of these important dates will be sent throughout the rotation. Please make sure to keep an eye out for them.
SECTION I
HOSPITAL INFORMATION
Dear Care Extender:

Welcome to our hospital! UCLA Health, which includes Ronald Reagan UCLA Medical Center, UCLA Medical Center Santa Monica, Stewart and Lynda Neuropsychiatric Hospital, and Mattel Children’s Hospital, is dedicated to delivering leading edge patient care and healing humankind one patient at a time.

We consider the Care Extender Program an integral part of our Volunteer Services Department. We treasure each of our volunteers who help us with our goal of providing patients with the best care possible.

We feel confident we have selected motivated and committed individuals who will continue to maintain the highest standards in patient care as part of our Patient Care Team. In turn, we hope that our unique program will provide you with a better understanding of today’s healthcare environment as well as many opportunities to interact and work with our medical professionals.

Again, welcome aboard!

Sincerely,

[Signature]

Silva Thomas
Director, Care Extender Program
Hospital Mission Statement

UCLA Santa Monica  
1250 16th Street  
Santa Monica, CA 90404  
(424) 259-6000  

Ronald Reagan UCLA  
757 Westwood Plaza  
Los Angeles, CA 90095  
(310) 825-9111

MISSION  
Delivering leading edge patient care, research and education.

VISION  
Healing humankind, one patient at a time, by improving health, alleviating suffering and delivering acts of kindness.

VALUES  
Compassion, Respect, Excellence, Discovery, Integrity, Teamwork (CREDIT)

COMMITMENT TO CARE  
I will always keep my commitment to care, as I have been entrusted by patients, colleagues and society.

GOALS  
People, Quality, Safety, Service, Operations, Strategic Development and Finances.

LEADERSHIP  
The Regents of the University of California serve as the governing body for the Ronald Reagan UCLA Medical Center, the Resnick Neuropsychiatric Hospital and the Santa Monica/UCLA Medical Center and Orthopedic Hospital. Authority to lead UCLA Health (which includes the Hospital System, Medical Group, and the Medical School) is delegated to the Vice Chancellor, Medical Sciences (Dr. Gerald Levey). Dr. Levey has appointed Johnese Spisso, MPA, as Associate Vice Chancellor and CEO for the UCLA Hospital System, and Dr. J. Thomas Rosenthal as Associate Vice Chancellor and Chief Medical Officer. Johnese Spisso delegates selected responsibility to key Hospital System leaders, such as senior associate directors, senior nursing staff, department managers and unit directors for the daily operations of the hospitals. Medical Staff (physicians) are led by a self-governance process and elect a Chief of Staff. Dr. Rosenthal works closely with the Chief of Staff, elected officials and the Hospital System and medical group leadership to achieve the mission of the hospitals.
MEDICAL CENTER PLANS, PROGRAMS, AND INITIATIVES

Plans

UCLA Health leadership develops plans to guide how the institutional mission and values are carried out in specific situations. Key institutional planning issues are summarized below.

Staff Education Plan

The UCLA Healthcare Education plan is a two-year plan. The goals of the plan are to ensure that employees are provided with an adequate orientation, to provide an environment that is conducive to continuous learning, and to ensure the effective collection and aggregation of data related to education, training and development. Each employee, together with his manager, is responsible for ongoing achievement of competencies and learning objectives.

Info. Mgmt. Plan

The goals of information management are to:

- Develop and maintain an integrated information and communication network linking research, academic and clinical activities
- Provide computer-based patient records with integrated clinical management and decision support
- Support administrative and business function with information technologies to improve quality of service, cost-effectiveness, and flexibility.
SECTION II
PROGRAM INFORMATION
General Program Information

Care Extender Program
1328 16th Street, Second floor
Santa Monica, CA 90404
(424) 259-8165
www.uclahealth.org/careextender

Care Extender Program Director: Silva Thomas
Email: SiThomas@mednet.ucla.edu

DEPARTMENTS
Presently, approximately 800 Care Extenders volunteer over 13,000 hours a month. That is equivalent to about 78 full-time employees! Care Extenders are assigned to the following departments:

SM—UCLA MC
Cardiac Catheterization Lab (SM-CCL)
Critical Care Unit (CCU)
Emergency Department (SM-ED)
Family Med. Inpatient Shadowing
Geriatrics
GI Lab
Greeters
Labor & Delivery (L&D)
Medical-Surgical (MedSurg)
Neonatal ICU (SM-NICU)
Oncology (ONCO)
Operating Room Escort (OR-Escorts)
Orthopaedics (ORTHO)
Pediatrics (SM-PEDS)
Postpartum (SM-PP)
Radiology (RAD)
Surgery Center (SM-SC)

RR—UCLA MC
Bowyer Clinic
Cardiac Catheterization Lab (WW-CCL)
Cardiothoracic Unit (7W-CTU)
Emergency Department (WW-ED)
Eye Institute
Geriatrics
Gonda
Greeters
Interventional Radiology (IR)
Liver Transplant (8ICU)
Medical Intensive Care Unit (MICU)
Neonatal ICU (WW-NICU)
Nursing Floor (5E)
Nursing Floor (7E)
Nursing Floor (8E)
Nursing Floor (8W)
Nursing Floor (8N)
Oncology (6E)
Pediatrics (WW-PEDS)
Pediatric ICU (PICU)
Postpartum (WW-PP)
Surgery Center (WW-SC)
The Care Extender Program provides an opportunity for volunteers to experience health care from a clinical standpoint. Our program is unique in that it emphasizes patient contact and volunteer involvement. Care Extenders are trained to assist the hospital staff in a variety of functions while the staff, in turn, are active in helping volunteers learn more about the medical field.

QUESTIONS or PROBLEMS?

- All contact information for Care Extender Staff can be found on our website.
- For scheduling or questions about your department/rotation, contact your department coordinator.
- For problems/questions about your CE file (i.e. hours worked), contact the Administrative Coordinator.
- For problems/conflicts with your Department Coordinator or suspension resolutions, contact your Department Coordinator Supervisor. For Santa Monica problems, contact Sharlott Hariri by email (SharlottHariri@mednet.ucla.edu) or Nelly Kokikian by email (NKokikian@mednet.ucla.edu). For Ronald Reagan problems, contact Ani Shiriyan by email (AShirinyan@mednet.ucla.edu) or Arlene Ngor by email at (ANgor@mednet.ucla.edu).
- For conflicts/problems with hospital staff, injuries within the hospital or other major issues, contact the CE Program Director Silva Thomas via page. To page them dial (310)-206-8477 and then the recording will ask you for the pager ID number. Silva #92463. You will then have to enter your call back number just as you would with a regular pager. To page using the online system, you need to go to www.mednet.uclahealth.org. Once at the site, click on the "Paging" icon at the top right corner and then fill in the blanks.

VOLUNTEER SERVICES

The Care Extender Program is one of five volunteer programs that make up the Volunteer Services Department. The other four programs are the Non-Student Volunteer, Student Volunteer, Direct Referral, and PAC (People Animal Connection) programs. The Care Extender Program reports to the Volunteer Services Office at Ronald Reagan, which is directed by Carey McCarthy.
BREAKS
Care Extenders may NOT take breaks during their shift. If you schedule a greeter shift and a regular Care Extender shift (6 hours) on the same day, you may take a 15 minute break only to get a quick snack and refreshment. Please be sure to check in with the department you are to report to and let them know you just finished another shift and will be taking a quick break. The amount of time you use to take a break is the amount of time you should make up at the end of your shift. You may only take breaks in the cafeterias and basement level in RR. Care Extenders SHOULD NOT be hanging out in the lobbies; those are for patients and visitors only.

EARLY/LATE ARRIVALS
If you arrive early, please report to your assigned area and start to work. If you need to study, make a call, etc., you must do so before or after your shift. Please do this either outside of the hospital or in the cafeteria or designated break areas. Again, do not use the lobby as your hangout place.

If you are running late, you should call the unit you are scheduled to work with and notify them that you are on your way and how long it will take for you to arrive. You may not report to a shift more than 30 minutes late. If you will be more than 30 minutes late, you need to notify your department that you will not be able to attend your shift. You must update your DC on your late arrival or cancellation within 24 hours. If you do attend, you need to stay for the full 4 hours from the time you arrive so you get full credit for the shift. Care Extenders will be disciplined if they have a tendency to show up late for shifts or cut their shifts short.

DRESS CODE
Patients and visitors will feel more comfortable and safe in our facilities if we, the volunteers who care for them, present ourselves in a professional manner. Assessment of our professionalism begins with the first impressions we make, including how we are dressed.

Uniform
Volunteers represent UCLA Health, and are often the first impression a patient has of our hospital. Therefore, we ask that you adhere to the following uniform guidelines:

- Navy blue Care Extender polo shirt tucked in.
- White tennis shoes preferred (wear with light colored socks). Shoes must be safe for the working conditions in the individual departments. For safety reasons, volunteers should wear closed toed footwear.
- Khaki pants (NO skirts, jeans or capri pants allowed).
- Large or ornate jewelry is not appropriate. Large dangling earrings that could present a safety hazard are not appropriate.
- No facial jewelry. Body piercing jewelry may not be worn in any visible pierced body part except ears. Visible body part is defined as any area not covered by normal clothing.
- White long sleeve T-shirts may be worn underneath CE polo or navy jacket with no logo, if with logo, must be a UCLA logo.
- Uniforms should be clean and volunteers should demonstrate good hygiene.

Note: All parts of the uniform must remain in good condition (i.e. ironed, no holes or tears, etc.)

Exception: For rotations in Family Medicine Inpatient Shadowing, Interventional Radiology, NICU, and L&D, Care Extenders will wear scrubs (shoe covers, mask, head covering and gown cover-up as required)

I.D. Badges
I.D. must be showing at all times (attached to your collar on your right hand side of your shirt, with your picture facing outwards). I.D. badges are considered part of the required dress for all staff members. Both California law and the Joint Commission require staff identification.

Note: Badges shall not be defaced with stickers, pins or any other items as these can deactivate the badge proxy function.

Hair/Headwear
- Hair, beards or mustaches should be clean and neat. Extreme hair colors should be avoided.
- If you have long hair, it’s advisable to tie it up. (Hair should not cover your I.D.)

Hair should be pulled back or restrained as appropriate to safety in the work area by anyone who provides direct patient care, works with food, or handles other sterile equipment or supplies.
- No hats, bandannas, sweatbands or headgear may be worn unless required for medical, safety, religious or cultural reasons or as part of the uniform.
- For patient and staff safety, no earphones, MP3 players, cell phones, radios etc. should be worn by any volunteer while on duty.

Tattoos
Tattoos or other types of body art must be covered if possible. Any tattoo that may be considered offensive by patients or visitors must be covered by clothing, a band-aid, make-up, etc.
ACRYLIC NAIL POLICY
Hospital Staff and Care Extenders are not allowed to have acrylic nails because of guidelines set forth by the CDC and Joint Commission. Artificial nails, tips and/or fillers are not allowed in direct patient care areas, including where food is prepared. Fingernails must be clean, groomed and moderate in color and length.

PERSONAL HYGIENE
Clean hair, nails and clothing are basic and very important in the health care setting. All personnel should employ appropriate use of cosmetics and deodorant. Patients, employees, and visitors who are sensitive to perfumes and chemicals may suffer potentially serious health consequences. In order to accommodate those who are medically sensitive to the chemicals in scented products, please avoid excessive use of perfume, cologne or after-shave lotion.

LOCKERS
At RR, CEs may use lockers in B625. You need to bring your own lock. Do not leave your personal belongings unattended in staff locker rooms or in any public areas. For greeter shifts, you may leave your belongings in the cabinet at the SM information desk and for those working at RR; you may leave you things in the Volunteer Office in B791 (only Monday-Friday between 9am and 4pm; if you have a later afternoon/evening shift, do not leave your belongings in the office).

SIGNING IN AND OUT
It is critical that you sign in and out every time you volunteer or attend a department meeting/training. We need to know when you are at the hospital and when you have left. These are for safety reasons as well as legal and liability reasons. You are covered under the Hospital’s workers’ compensation plan only if you are signed in properly in the event of an injury. If there is a disaster, we want to be able to find you. The hospital uses a computer system called the Volunteer Information Center (VIC) so that volunteers can sign in and out.

- The sign-in location is next to the Information Desk in the lobby of both hospitals
  - Locate the computer and enter your PIN (given to you on Training Day).
  - After you have entered your PIN, VIC will confirm your identity and mark you as being signed in. Be sure to select the department in which you are completing that shift.
- Report to the nurses’ station of your department floor and let them know that you're ready to help.
- When your shift is over, go back to the Sign-In PC to log out. To sign out, enter your PIN again; confirm your identity and VIC will then sign you out.
- If there are any problems with the sign-in PC, you must sign in to the computer downtime binder which is located next to the Sign in Computer. For those working at Ronald Reagan, you must sign into the sheets designated for Care Extenders in the computer downtime binder.
NOTE: Signing in and out on at the same time is grounds for disciplinary action. Sign in when you arrive & sign out when leaving. Please make sure your writing is legible.

SIGNING UP FOR SHIFTS
CE shift hours are generally from Monday through Sunday 7-11AM, 11AM-3PM, 3-7PM, and 7-11PM. Care Extenders must do at least ONE SHIFT PER WEEK to avoid problems with signing up for shifts late in the rotation. For your first rotation, you must do one shift per week in your main department and one shift per week in your greeters or office assistants department.

Several departments (such as Cardiac Cath Lab, Eye Institute, Family Medicine Inpatient Shadowing, GI Lab, Interventional Radiology, RR Geriatrics, Surgery Center, OR Escort and Greeters) have restricted hours. Please pay attention to each department’s days/hours when signing up for your new preferences.

- The DC will send a shift sign up link for each month of the rotation at the beginning of the rotation. The Care Extender is responsible for submitting their four (4) preferred shifts and four (4) alternate shifts for the coming month.
- The DC will compile the schedule and it will be posted on the website, sent to the Care Extenders and posted in the department binder.
- If a Care Extender fails to sign-up for shifts during the specified time frame, they will forfeit their one (1) excused absence for the month.
- Changes to the schedule are only allowed with the DC’s permission.
- Care Extenders are not allowed to go to a shift that has not been confirmed by the DC.
- Please contact your DC if you have any questions.

PROCEDURES BEFORE MISSING SHIFTS
- You are allowed ONE SHIFT CHANGE PER MONTH (with your Department Coordinator’s permission) AND ONE EXCUSED ABSENCE per month that MUST BE MADE UP! An additional absence is considered unexcused and may result in suspension.
- If missing a shift is unavoidable, you must:
  - Call the unit you are assigned to as soon as possible – at least 15 minutes before your shift -- and let them know you will not be there. For your protection, write down the name of the person you talk to.
  - Call or email your CE department coordinator. Since your DC is a CE (just like you) who has other responsibilities, please restrict your calls between the hours of 9AM – 10 PM (unless otherwise noted by your DC). You have a 24-hour grace period to contact your DC via email.
MAXIMUM HOUR REQUIREMENTS
You are allowed to complete a maximum of six (6) hours per day. You may complete:
two (2) Greeters shifts in one day (4 hours) or one (1) Greeters shift and one (1) 
department shift (6 hours) in one day. You cannot do two department shifts in one 
day or three Greeters shifts in one day. You are allowed to complete a maximum of 
twenty (20) hours per week.

LEAVE OF ABSENCE
Care Extenders are allowed a two-week vacation as well as a thirteen week leave of 
absence (See Section III for LOA policy). If a LOA is taken in the first year of the 
program, you must request an extension past one year to complete the missed 
shifts. A LOA period longer than 13 weeks (one rotation) is not allowed (unless 
approved by the Manager and/or Director). Maximum of 2 LOAs (aside from the 2 week 
vacation) are allowed, as long as total of both do not exceed 13 weeks. You are not 
allowed to volunteer while on LOA (including on committees/for extra events), however, 
you are responsible to signing up for preferences and submitting extension paperwork 
(including health renewals) if in the fourth rotation.

EXTRA SHIFT CREDIT OPPORTUNITIES
Extra shift credit opportunities are hospital sponsored events that Care Extenders can 
participate in, in addition to their regularly scheduled department shifts. When these 
opportunities become available you will be emailed with details about the event 
including shift date and time. Follow the link that is sent to you and sign up for a shift if 
there are available spots. If there are no available spots left, no further assistance is 
needed. If you sign up for a shift and need to cancel your signup, visit the link and use 
your password to remove your name from the signup sheet. Unless otherwise noted, 
you must show up to the event in your Care Extender uniform. Shift credit that is 
received for these events can be counted toward your main department shifts only. 
They cannot be credited toward Greeters shifts. Shift credits can only be redeemed in 
the rotation they are obtained and cannot be transferred to a later rotation.

MERIT HOURS
Service Hours include the physical hours you accumulate volunteering in the hospital. 
Merit hours include your service hours, the extra hours credited from your 
Greeters/Office Assistant shifts, and the extra hours from Care Extender committee 
assignments. The required 250 hours for the program takes into account your merit 
hours, excluding extra hours from committee assignments. The hours listed on your 
completion certificate and detailed hours’ report will include all merit hours, including 
physical service hours, extra hours from your Greeters/Office Assistants shifts and 
extra hours from committee assignments.
SHADOWING POLICY
Care Extenders are not allowed to shadow any healthcare provider outside of your regularly scheduled shifts. This includes physicians, physician assistants, nurse practitioners, physical therapists, respiratory therapists, etc. Our current policy states that you are only allowed to shadow healthcare providers when in your assigned care extender unit during your shifts in addition to helping with patient care and administrative tasks. You should not approach or reach out to any providers to shadow outside of scheduled shifts.

CE STATUS
- Excused Absences- CE’s are allowed ONE excused absence per month; more than one is grounds for suspension. Reschedule with your DC to make up your missed shift.
- Suspension - once suspended, CE’s have one week to resolve the issue with the respective Department Coordinator Supervisor. A CE cannot volunteer until the issue has been resolved with the supervisor. If the suspension is not resolved in one week, the CE will be dropped from the program. (Note: A suspension does not mean dismissal from the program)
- Missing In Action (MIA) - any Care Extender missing for more than four weeks will be dropped from the program.
- Probation - CE’s on probation will be dismissed from the program with any additional problems (i.e. suspension, etc.)
- Alumni - Care Extenders who have successfully completed the program.

SEXUAL HARRASSMENT
- UCLA Health is committed to creating and maintaining a community in which all persons who participate in activities can work together in an atmosphere free of all forms of harassment, exploitation, or intimidation, including sexual.
- Unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment.
- Information concerning sexual harassment, applicable laws, Medical Center and University policies and procedures may be obtained from Human Resources.
DISCIPLINARY ACTION
The Program Director & Manager reserve the right to put a volunteer on probation or suspension or terminate the volunteer at any time when their behavior or performance is unsatisfactory and/or detrimental to the operation of the program or hospital.

● **Causes for Probation:**
  o Not responding to warnings about dress code infractions.
  o Not following guidelines set out by the Program Director/Manager.
  o Not fulfilling all volunteer commitments agreed to.
  o Being rude to patients, visitors, or staff.
  o Making decisions without consulting superior.

● **Causes for Suspension:**
  o Not calling the DC and department when missing shift.
  o Unexcused absence from department specific meetings.
  o Not adhering to deadline set by the DC.

All those suspended must speak with their respective DC Supervisor within one week of the date of suspension.

● **Causes for Termination:**
  o Not responding to all items listed under “Causes for Suspension.”
  o Failing to receive a second MMR/Varicella vaccination within 35 days of initial vaccination. (If applicable)
  o Failing to receive clearance from DOJ on a delayed background check within 30 days of completing training.
  o Drinking alcohol or using drugs at the hospital.
  o Being insubordinate to department and Program Director and/or Manager.
  o Doing things for patients without permission.
  o Accepting tips or asking for money from anyone at the hospital.
  o Not contacting the DC Supervisor within one week of the suspension date.
  o Using the Internet/phone/tablet while volunteering.
  o Sleeping during the shift.
  o Doing personal things (i.e. homework, eating, and etc.) while volunteering.
  o Falsifying hours (signing in and out without having volunteered on the floor).

NOTE: If terminated, volunteer must return their ID badge to the Care Extender Office.

● All counseling reports will be completed by the CE Director, Manager or Executive Staff
● Any CE with an unexcused absence is automatically suspended until he/she has been counseled.
● Any repeat of a situation or serious offense requiring counseling is cause for release from the program.
CONDUCT ON FLOORS

- Get to know the staff on the floors. You may encounter physicians, nurses, care partners, pharmacists, respiratory therapists, physical therapists, social workers, dieticians, case managers, and spiritual care. Nurses and care partners are likely who you will assist the most. Nurses typically wear navy blue scrubs and care partners wear olive green scrubs. Care Partners obtain patient vitals, assist with moving or assisting to the restroom, and handle any of the patient’s other basic needs as an assist to the nurses.

- You should attempt to make yourself useful if you find the staff is not asking for your assistance. Current CEs suggest walking around the floor to help or talk to patients. Look through the books, models, forms, etc. that you will often find in nurses’ stations. You should never be doing outside work (such as homework) while on duty.

- CE’s ARE NOT allowed to eat, drink, do homework, leisure reading, sleep, use the internet, use a cell phone, or an iPod/iPad while volunteering. If caught, it will result in dismissal from the program.

- Check department duty list or conduct rounds. Do not sit at ACP desk.

PREFERENCES FOR NEW ROTATIONS (Changing Departments)

- CE’s will switch to a new department after three months, per assignment by the Preference Coordinator.

- Sign-up on the website between 3rd - 4th week of each rotation. A comprehensive department description section and department listing by rotation list will be available online.

- **It is the CE’s duty to fill out their top five preferences by the deadline.** Any CE who fails to do so, regardless of LOA or advanced rotation, will receive last priority and be assigned to a department in which there is room; NO EXCEPTIONS. CE’s with suspensions will receive preferences according to the below outline:
  - 1st suspension: receive less priority than others in same class for next rotation
  - 2nd suspension: exclusion from ER and LKC for program duration, and **cannot** extend past one year
  - 3rd suspension: dropped from the program
Care Extender Internship Program

- Once assigned to a department, a CE cannot volunteer for another department without permission from the CE Preference Coordinator, CE Program Director or Manager. **A Care Extender should never volunteer in a department that requires department-specific training without receiving training.** Departments that require training are: SMH-NICU, SMH-PEDS, RRH-MICU, RRH-PEDS, RRH-PICU. If you are assigned to one of the aforementioned departments and cannot attend the mandatory training, you will need to be reassigned to a different department for the following rotation. This is the only time reassignments will be allowed.
- **Preferences will be posted during the 9th/10th week. CHECK the website!**
- Family Medicine Inpatient Shadowing will be limited to top Care Extenders in their 5th+ rotation.
- **If you plan to be on LOA for the ENTIRE rotation, put “LOA” for all preference choices. In addition, you must also complete an LOA form and submit it to the LOA coordinator.**

**DEPARTMENT-SPECIFIC MEETINGS**
- Prior to each new rotation, Care Extenders must attend a mandatory department-specific meeting with their new Department Coordinator. This meeting is usually scheduled the Sunday 1-2 weeks prior to the start of the new rotation.
- Check the website the 9th/10th week for time and location of your meeting.
- Missing the meeting without being excused will result in suspension.

**LETTERS OF RECOMMENDATION**
Only the most outstanding Care Extenders will receive letters of recommendation. If the Care Extender has been nominated as an outstanding Care Extender two times, then the Care Extender will be eligible for a letter of recommendation. Care Extenders are also eligible for a letter of recommendation if they hold a committee position for two or more rotations or have served as a volunteer for three or more years in good standing. Although everyone may not be eligible for a letter of recommendation, everyone who completes the program receives a certificate and letter of reference. Those Care Extenders eligible for a letter must email the Administrative Coordinator for instructions on recommendation letter requisitions. Letters can be requested within one year of completion of the program.

*CE must be in their 4th rotation in order to obtain the letter. Please allow at least a month for the letter to be sent to the school.*
CARE EXTENDER INTERNSHIP PROGRAM

POSITION
Care Extender Intern

REQUIREMENTS
All applicants must be 18 years of age or older and should be attending college or must already have a degree. They must attend a two-hour orientation session and submit a completed application form that is distributed at the orientation. If selected, applicants attend an interview session. Following the interview, applicants still being considered have to undergo a background check. Upon clearance, a selected group will be accepted into the program and they must attend mandatory training sessions. Accepted applicants who have a delayed status on their background check will have 30 days from training day to receive clearance from the DOJ. After 30 days without clearance we will have to revoke your acceptance. Accepted applicants must provide proof of TB clearance, MMR, Varicella, Seasonal Influenza (Flu) Vaccination (required August-March), and be CPR (BLS) certified in order to begin volunteering. The Tdap vaccination is highly recommended, but optional. If you are not immune to MMR or Varicella and require a vaccination, you will have 35 days after your initial vaccination to receive your second MMR or Varicella vaccination. Failure to meet this requirement will result in deactivation and termination from the program.

The Volunteer Services department has a policy that says you cannot volunteer in the CE Program and in another program at the same time. You may only apply to an additional volunteer program under UCLA Health if you have met the minimum requirement for your current program.

EXPECTATIONS
All Care Extenders must work a minimum of six hours per week during their first rotation and four hours a week for the remainder of their stay. Applicants will be working with patients and health care professionals, so a positive attitude and cheerful countenance are important.

PROGRAM LENGTH
12 months (may be renewable) consisting of four different rotations. Each rotation is 3 months (12-14 weeks) of four hours per week (six hours per week in your first rotation). Care Extenders are allowed a two-week vacation as well as leave of absence (LOA). A Care Extender must make up missed shifts during his/her LOA. To complete the program, a total of 250 hours, excluding extra event & committee bonus hours AND 4 full active rotations (an LOA does not count as an active rotation) are required over a 12-month period. If a LOA is taken in your first year of the program, you must request
an extension past one year to complete the missed shifts. **In order to be eligible to take a leave, you need to have volunteered at least ONE rotation. You may not take a leave of absence in your first rotation. Leave of absences may not exceed three months.** At the end of 12 months, the Care Extender in good standing will be eligible for a Certificate of Completion and a letter of reference (note: this is not a letter of recommendation) if they have completed 4 full rotations of active volunteering and 250 hours. Care Extenders may stay more than one year but must submit an Extension form for approval. Only those who are in good standing will be allowed to continue but only after completing annual re-orientation paperwork and providing proof of an updated TB clearance and CPR (BLS) certificate.

**ACCOUNTABILITY**

- All Care Extenders will be under the direct authority of the charge nurse, supervisor or director of the department they are assigned to at all times. Care Extenders must follow instructions of that department's staff members.
- At any time, the Nurse Supervisor on duty or the Care Extender Director or Manager may temporarily reassign a Care Extender to a different department at his/her discretion.
- Care Extenders are accountable to their department coordinator for all scheduling and program-related issues. Messages for departmental coordinators should be left at the coordinator’s published phone number.
- For all other issues, Care Extenders are accountable to the Care Extender Program Director, Silva Thomas (310) 267-8186.
- **In case of injury, contact the charge nurse; go to either the ER or Occupational Health (located at 10833 Le Conte Ave., Room 67-120) and page Silva Thomas, Care Extender Program Director, at (310)-206-8477 ID# 92463. If the injury took place during business hours and you're able to take the shuttle to Occupational Health, then you should go there for treatment otherwise, go to the ER.**
- Workers’ Compensation Program: When an injury or illness results from work or working conditions, the Workers’ Compensation Program provides assistance for the volunteers’ prompt recovery.
RESPONSIBILITIES
Specific responsibilities will vary from department to department. However, all Care Extenders will have the following responsibilities, regardless of what department they are assigned to:

- **Practice CICARE and make the connection with patients and families.**
  - Customer Service is at the heart of providing an environment in which exemplary patient care can flourish. Be aware of who your customers are. Greet them and offer assistance, help them solve their problems and welcome them to come to you again if they need anything else. Practice CICARE when interacting with patients, their families, visitors or internal departments. For patient care interactions, use the following:
    - **Connect** with patient, address them by Mr. /Mrs. /Ms. or the name that they prefer.
    - **Introduce** yourself and your role.
    - **Communicate** what you are going to do, how long it is going to take, and how it will impact the patient.
    - **Ask** and anticipate patient and/or family needs, questions, or concerns.
    - **Respond** to patient and/or family needs with urgency.
    - **Exit** with explanation of what will come next, what you will do next, or when you will be back to check on them.

- **Work Ethic**
  - Report to the departments on time; stay for the entire shift.
  - Complete assigned tasks in a timely manner, asking for help as needed.
  - NEVER perform any task for that you are not properly trained (or if you feel uncomfortable).
  - Immediately report to the department supervisor any situation which the Care Extender feels may place patients, visitors, or hospital personnel in any danger or which you are uncomfortable with.

- **Patient Confidentiality**
  - Every patient has a right to privacy and it is every employee and volunteer’s responsibility to protect that confidentiality. This means keeping information about patients’ health care private. Both federal law (the Health Insurance Portability and Accountability Act or “HIPAA”) and California state law require the protection of all Patient Identifiable Health Information, including all identifiers, images and other information which could be used to determine the identity of a patient. The privacy laws apply to all forms of patient health information including paper, electronic and verbal information. It’s important to always check the patient identity before giving a patient any papers to assure they are the
correct recipient. Care Extenders must preserve and protect confidential patient and employee information as described in the UCLA Health Policies. Care Extenders are required to only use or access that amount of patient information that is minimally necessary to complete a task, responsibility or function. **Failure to comply may lead to disciplinary or legal action against the volunteer and UCLA Health.**

- **Abuse Recognition and Reporting**
  Every volunteer has the obligation to look for, recognize, and report suspected or actual abuse of patients. The abuse may be child abuse, elder abuse, intimate partner abuse (domestic violence), or abuse from an assault. If you suspect or have knowledge of abuse of a patient, please contact your supervisor.

- **Cultural and Religious Diversity**
  The diversity reflected among our staff and patients is an asset for UCLA Health. Our organization values and respects these differences, which include: ethnicity, nationality, race, religion, gender, sexual orientation, economic class, age and disability. To comply, be self-aware; know how your views and behavior is affected by culture. Appreciate the dynamics of cultural differences to anticipate and respond to miscommunications.

- **Restrictions: Care Extenders should NOT:**
  - Read patients’ charts.
  - Chart vital signs. This is to be done by medical professionals only. Handle narcotics or seal valuables envelopes.
  - Go into air born isolation rooms.
  - Adjust or silence a patient’s IV pump alarm.
  - Give patients permission to smoke, drink water, or have visitors without the consent of a medical professional.
  - Open windows or adjust beds without the consent of a medical professional.
  - Perform any service for which you do not feel you have been adequately trained.
  - Take clinical orders from a physician. If you are requested to do so either in person or over the phone please ask a Registered Nurse for assistance.
  - Act as a witness to any patient document.
  - Accept tips. Anyone wishing to make a donation should be referred to the Development Office or Nurse Supervisor.
  - Run personal errands for the hospital staff (please use your discretion -if nurses are busy and are unable to get lunch, you can offer to go to the cafeteria for them).
o Transport or feed infant by him/herself.
o Adjust oxygen dial (on tank or on wall) or remove a patient’s nasal cannula.
o Pick up or deliver medication.
o Clear mayo stands after sutures.
o Transport infants, children, women in labor, unstable patients (on life support, EKG, connected to oxygen, receiving an intravenous infusion, and patients being admitted from the ER) or deceased patients alone.
o Transport patients by gurney alone.
o Bag a trached or intubated patient; a licensed individual should do this.
o Handle used intubation trays, or equipment (IV pumps, SCD pumps, etc.) or instruments that have been used in any form.
o Transport crash carts after a code for restocking. Controlled substances and dirty/contaminated material may be left on the cart which is why CEs may not handle.
At all times, in any department of the hospital, Care Extenders will follow the universal health precautions without exception.

**All Care Extenders will be responsible for the following:**

- Assist employees with transport of patients by gurney.
- Care Extenders may transport patients by wheelchair except infants, children, women in labor, unstable patients (on life support, EKG, connected to O2, receiving an intravenous infusion, and patients being admitted from the ER) or deceased patients alone.
- Assisting in the positioning of patients and assisting with transfers of patients to and from gurneys, wheelchairs, cardiac chairs, and patient beds. (Except hip and spinals only with professional)
- Delivering and retrieving items to and from laboratory (including blood), Materials Management, and other departments as needed.
- Transporting oxygen tanks via cart.
- Assisting unit secretary with paperwork, answering phones, and answering patient call lights as needed.
- Familiarizing him/herself with the location of supplies and replacing or restocking as necessary.
- Familiarizing him/herself with the location of fire extinguisher, fire alarm, emergency exits, and escape plan of the unit.
- Calling attention to patients’ needs to nursing staff for medication, bedpans, questions, etc.
- Care Extenders may NOT take any orders from doctors at any time. Nurses receive all orders directly from the doctor.
- Care Extenders may NOT handle or dispense medication or drugs of any kind.
- Care Extenders may NOT handle chemicals and chemical waste, radioactive and radioactive waste, and bio hazardous material.
- May NOT inform patient family/relatives of the patient’s progress.
- Observing procedures and asking questions regarding patient care as circumstances permit and ONLY with permission of a registered nurse or a physician.
- Following all responsibilities and restrictions listed in the CE Position Description.
- Floor Sweeps: Sweep newly discharged rooms for patient articles left behind. If any items are found, fill out necessary forms (obtain from nurses) and submit to Security Desk.
- Care Extenders are prohibited from entering air born isolation rooms.
- Following guidelines as issued by each specific department.
Care Extenders assigned to the EMERGENCY department will have the following additional responsibilities and guidelines:

- Assist nursing staff:
  - Ensuring safety straps and side rails are in place on gurneys.
  - Dressing and undressing patients; placing clothes in plastic bag; and, if asked, preparing clothing list.
  - Applying blankets as needed.
- Phoning for a taxi or relative for transport, as requested by staff.
- May hold patient’s limb or head ONLY under the supervision of the nurse or doctor.
- After treatment, escort patients to vehicle and assist as needed.
- May NOT clear mayo stands after sutures.

Care Extenders assigned to LABOR & DELIVERY will have the following additional responsibilities:

- Understand the concept of a sterile field, how they are set up, how they can be broken, and the risk of infection to both the mother and the baby.
- NEVER enter a room during the delivery or a cesarean section without the permission of a nurse or doctor.
- Always wear scrubs, mask, shoe covering, and head covering in a surgical suite.
- Always be seated when holding a baby, if allowed.

Care Extenders assigned to POSTPARTUM, NICU, and PEDIATRICS will have the following additional responsibilities:

- Care Extenders may hold babies (always be seated) only with the permission of a nurse or doctor.
- ALWAYS scrub properly before touching babies.
- May feed babies if properly trained and supervised.
- NEVER transport babies alone.
Care Extender staff member openings are sent to current Care Extenders every rotation (available positions vary). Accepted staff members are on probation for two rotations and must stay in the position they were accepted in for a minimum of three rotations before switching to a new position (this may be adjusted at the discretion of Care Extender Executive Staff).

**General Staff duties include**
- Attend two orientation sessions and help with training once every rotation.
- Attend bimonthly staff meetings
- Submit bimonthly status and update to the appropriate Supervisor.
- Help with interviews

**Department Coordinators**
*In addition to general staff duties Department Coordinators are also responsible for the following*
- Prepare monthly schedules: includes rough and final monthly schedules and distribute it to the Care Extenders and in the department
- Prepare bimonthly status and sweep reports to turn in to DC Supervisor
- Keep track of Care Extender shifts and facilitate with rescheduling for excused absences, is also responsible for handling unexcused absences according to protocol
- Prepare mid-rotation meetings (optional)
- Hold department training
- Contact Care Extenders at least twice during the rotation to see how department is working out
- Respond to weekly quality control report and handles infractions appropriately
- Contact Care Extenders and follows up as needed for staff members (i.e. sending mass emails, following up on missing TB/CPR, etc.)
- Train and orient new CEs to their specific department
- Conduct department sweeps to get feedback from Care Extenders and staff

**Special Programs Coordinators**
*In addition to general staff duties Special Project Coordinators are also responsible for the following specific to their position*
Training Coordinators

- Prepare for training (copy forms, prepare files, update CE manual and forms used during training, etc.)
- Sign up staff for training and make sure they all know what to do on the day of
- Schedule CPR training sessions for incoming CEs
- Take care of everything on training day
- Follow up after training to make sure every CE’s file is complete and gets input into Volgistics
- Make a summary of the Training Day evaluations

Program Extension Coordinator

- Contact CEs due for annual re-orientation, collect extension request forms, annual competency checklists and annual online quizzes, and grant extensions to CEs in good standing.
- Maintain CPR cards and TB tests up to date and make sure files are JCAHO compliant

Website Coordinator

- Maintain the site
- Set up deadlines
- Post announcements
- Post newsletter

Special Projects Coordinator

- Plan and organize fundraisers
- Send donation letters to alumni and current CEs
- Plan and organize social events for CEs
- Establish and upkeep database of donors
- Create flyers of fundraiser and social events
- Organize educational seminars

LOA Coordinator

- Process LOA forms
- Act as a liaison for LOA CEs
- Contact CEs that are on LOA while they are LOA and when they are due to return
- Maintain database of LOA CEs
Care Extender Internship Program

Administrative Coordinator
- Maintain database of the status of all CEs (LOA, MIA, OOP, active, inactive, etc.) and handle each status appropriately
- Process completion/audit request forms
- Print letters of reference and completion certificates
- Process change of information forms and make appropriate changes to Volgistics
- Update Volgistics
- Double checks status sheets from DCs that DC Supervisor compiles
- Provide documentation of CE hours verification
- Provide information on letter of recommendation eligibility

Data Manager
- Input logistics information into database
- Create statistical reports, including biweekly hours reports
- Input extra event hours and shift credits in Volgistics

Alumni Coordinator
- Be the liaison to alumni and current CE program
- Maintain connections to these successful alumni (may be useful for educational seminars, newsletter articles, professional school admissions advice, etc.)
- Send alumni correspondence about the program
- Organize CE Graduations

Public Relations Coordinator
- Increase our applicant pool
- Publicity in all schools in the area
- In charge of marketing for program

Admissions Coordinator
- Prepares applications
- Organizes staff to help at each orientation session
- Organizes contact of people for interviews
- Prepares interview packets
- Organizes staff to help at interview sessions
- Organizes contact of people for training

Quality Control Coordinator
- Organize DCA meetings/Training sessions
- Make DCA schedule and check that DCA comes in
- Compiles report to DCs about infractions and comments
- Trains DCA to do hand washing survey and compile data
Newsletter Coordinator
- Coordinates and edits article submissions
- Creates layout and distributes newsletter
- Coordinates CE of the Rotation nominations

Executive Staff Positions
In addition to duties outlined in the general staff duties section, Executive Staff Members must also
- Attend executive staff meetings
- Conduct interviews for general staff positions

Associate Manager
- Handle and process suspensions
- Supervise SPC and DC Supervisors
- Take executive staff meeting minutes
- Prepare general staff meeting agenda
- Input suspensions on Volgistics
- Counsel problematic CEs
- Head special projects as assigned by the Program Manager
- Train and orient incoming Supervisors to their position

Department Coordinator Lead
- Supervise DCs
- Train new DCs
- Handle suspensions
- Conduct random phone calls to CEs to see how DCs are doing
- Compile DC evaluations
- Cover for DCs until a DC can be appointed
- Perform special projects assigned by Manager and Associate Manager

Special Programs Coordinator Lead
- Supervise SPCs
- Train new SPCs
- Take general meeting minutes
- Cover for SPCs until a SPC can be appointed
- Perform projects assigned by Manager and Associate Manager
Care Extender Internship Program

Care Extender Tips

FIRST DAY

- Introduce yourself as an incoming Care Extender to the charge nurse, unit secretaries, PCP’s, transporters and nurses.
- If you are enthusiastic about starting as a Care Extender, let them know.
- Get used to looking at name badges, so you can refer to the health care providers by their names.
- Even though you have had a tour of the nursing floor, re-familiarize yourself with storage areas, nursing stations, call light switches, etc.

YOU WILL BE ASKED TO:

- Transport patients
- Assist in positioning of patients and transfer of patients to and from gurneys, wheelchairs, and patient beds.
- Deliver and retrieve items from laboratory and Materials Management.
- Assist unit secretary with paperwork and answering phones & patient call lights.
- Assist hospital staff and physicians as requested.

IF YOU ARE NOT INSTRUCTED TO DO ANYTHING, YOU CAN:

- With the charge nurses permission, round on the patients to see if they need anything
- Ask the transporter when, how, and which patient will be transported next. You can then report to the patient’s room with wheelchair or gurney at the appropriate time.
- Find out when the PCP will be changing the beds. At that time offer your help.
- If the phone is ringing, answer it. “Sixth floor, this is_____ , may I help you?”
- Watch the floor for patient call lights. Find out what the patient’s need is and report it to their nurse for approval before acting.
- Ask the unit secretary or nurses if they need anything from lab or Materials Management.
- Ask a nurse if you can follow her while she works for a half hour. This will give you a clearer picture of what her job is and how you can help her. She/he will probably be happy to answer any medical questions you may have, appropriateness and time permitting.
- Talk with patients about their life. Some are just waiting to share their stories. Being assertive does not mean being aggressive. It does mean being specific. Instead of saying, “Does anyone need any help?” You can say, “Terry, can I help you transport Mr. Smith.” By learning about the particular duties of each health care professional, you can actively place yourself within the flow of the busy nursing floor.
NOTE: All kinds of patient transports involve touching the patients. You should always wear gloves to avoid touching potentially contagious fluids. You should wash your hands after patient contact, even if you had gloves on, in order to follow Universal Health Precautions. You should also remove your gloves once done moving the patient before you leave the room.

BED TO GURNEY (CEs will NEVER transport by gurney alone):
- Introduce yourself as a Care Extender. Inform patient where they’re being taken.
- Check patient’s ID on wrist to make sure it is the correct person.
- Ask patient how much they can help for the bed to gurney transfer.
- Assure yourself the breaks are on for the bed and the gurney.
- Make sure the draw sheet is under the patient; it should cover from the shoulders to the upper thighs.
- Roll patient to side and place slide board under draw sheet and roll patient back. Make sure head and feet are on board with trunk partially on board.
- On count of three, move the patient on to board and over to gurney. Remove the board.
- Bring up the rails

WHEELCHAIR TO BED (CEs will NEVER assist patient into car or chair alone):
- Introduce yourself as a Care Extender. Inform patient where they’re being taken.
- Check patient’s ID on wrist to make sure it is the correct person.
- Ask patient how much they can help for the wheelchair to bed transfer.
- Assure yourself the breaks are on for the wheelchair and bed.
- Place one foot between the patient’s feet while using your second foot for stability
- Trained lift personnel should place one foot between the patient’s feet while using your second foot for stability, squat down to patient’s level keeping spine straight, CE may assist from behind between chair and bed guiding patient toward bed or chair.
- Patient should lean forward with feet tucked back and push up from chair using armrests, and only hold on to trained lift personnel’s elbows for stability if needed. (Never shoulders or neck)
- Never lift patients.
- Assist transport or nursing staff with transfer into bed and ask if their ‘s anything else you can do for them.
- Bring up bed rails
- For bed to wheelchair transport do the reverse.
When transporting a patient via wheelchair, always back into the elevator so that it is easy to come out and so the patient is not starring at the back wall.

GUIDELINES:

- Transportation of patients by gurney is an employee responsibility but the volunteer and/or Care Extender may assist the employee, as directed by the RN.
- Transportation of patients by wheelchair may be performed by the Care Extender if the patient is in a stable condition and is being admitted (except patients being admitted from the ER). Children, women in labor and or a patient receiving an intravenous infusion, MAY NOT be transported by a volunteer or Care Extender.
- The ER RN will determine if the ER department patient can transfer by wheelchair to procedural units with a volunteer or Care Extender.
- Discharge of patients by wheelchair can be performed by the volunteer and/or Care Extender.
Lifting and Proper Body Mechanics

Proper posture and body mechanics can help to protect the body, especially your back, from pain and injury. Back pain is usually the result of a number of contributory factors. Poor posture and faulty body mechanics are generally involved. Below are some instructions on how to lift properly and protect you back from injury.

PROPER LIFTING TECHNIQUES

- Size up the job before beginning. Ask for help.
- Use the large muscles of the legs, hips and arms.
- Avoid bending at the waist. Bend at knees and hips.
- Use a broad base of support by keeping feet shoulder width apart.
- Avoid twisting your back when carrying or lifting. Lift feet to turn.
- Keep loads close to your body.
- Avoid lifting heavy objects higher than waist.
- Use a stool to reach items above shoulder height.
- Avoid carrying heavy objects long distances. Use cart instead.
- Wear shoes with non-slip soles.

RISK FACTORS FOR BACK INJURY

- Lifting with your back bowed out.
- Bending and reaching with your back bowed out.
- Slouched sitting.
- Jerking or twisting.
- Lack of proper rest.
- Obesity.
- Loss of strength and flexibility.
- Stressful living and working habits.
- Smoking.
- Poor nutrition.

PROPER POSTURE

Some people habitually adopt poor spinal alignment throughout their postures. This can predispose the spine to injury and pain. The following is some information about your spine and how to maintain proper posture.

There are three natural curves to your spine (cervical, thoracic, and lumbar). It is important that you try to maintain these curves during activity and rest. Students should pay particular attention to how their books and bags affect the spinal curves, especially if you carry everything over one shoulder. It is better to distribute the load over both shoulders.
SITTING POSTURE
- DO NOT slump-sit.
- Sit close to your work.
- Use a chair that supports you back in a slightly arched position.
- Sit with your feet flat on the floor and your knees below your hips.

STANDING POSTURE
- DO NOT wear high-heeled or platform shoes for long periods of time.
- DO NOT stand in one position too long. Put one foot up and change positions.
- DO NOT lock your knees.
- Keep your stomach muscles tight.
- DO NOT stand bent forward at the waist or neck with your work in a low position.
- Keep work at a comfortable height.
SECTION III PROGRAM FORMS
All forms may be found on the Care Extender website and are submitted online with the exception of the Inactivation and Completion Requests which need to be mailed in along with your ID badge.

**CARE EXTENDER COMPETENCY CHECKLIST**
Your competency checklist must be completed on training day of your first rotation. The competency form is an annual requirement so those staying past the one year commitment must have a competency checklist completed.

**CHANGE OF INFORMATION FORM**
Knowing where you are and how to get in contact with you is vital, so please update us with any changes.

**LEAVE OF ABSENCE REQUEST FORM**
If you need to take a leave of absence (LOA) from the program, you must fill out this form one week prior to your leave of absence date. A LOA period longer than 13 weeks (one rotation) is not allowed (unless approved by the Manager and/or Director). Maximum of 2 LOAs (aside from the 2-week vacation) are allowed, as long as total of both do not exceed 13 weeks. Also use this form to request your 2-week vacation. (Please indicate that you are taking a vacation.) While on LOA, you are responsible to signing up for preferences and submitting extension paperwork (including health renewals) if in the fourth rotation. The option of taking longer than a two week LOA is not open for incoming Care Extenders. You will qualify for a LOA after the first rotation has been completed.

**PROGRAM COMPLETION REQUEST FORM**
When you complete your final rotation, you must fill out this form and mail it along with your hospital ID badge. The badge must be returned as it is UCLA Health property. This is a how the program is notified that you intend to leave the program and are requesting your certificate and letter of completion. When certificate & letter of reference are ready, they will be mailed to you. Completion certificates are given upon request only and it can only be done within 1 year of the completion date. If withdrawing from the program, you must submit the same form (check off the inactivation option) and your badge.
HOURS VERIFICATION FORM
This form should be submitted by Care Extenders who want to request documentation of their hours or a letter of recommendation.

DEPARTMENT COORDINATOR EVALUATION FORM
This form will be emailed to you at the end of each rotation. It must be submitted at the end of each rotation, evaluating your Department Coordinator.

DEPARTMENT EVALUATION FORM
This form will be emailed to you at the end of each rotation. It must be submitted at the end of each rotation, evaluating the department in which you volunteered.

C-ICARE FORM
This form is found in public areas of the hospital and it’s for CEs to ask either staff or visitors to complete if they feel they gave the individual great service and they wish to be recognized for it.

PROGRAM EXTENSION FORM
This form must be submitted to the Extension Coordinator. This form is used to request to stay past your one-year commitment. CEs must be in good standing in order to be considered for a program extension. The form is due the Wednesday of the 2nd week of your fourth rotation (Reorientation should be completed ONE YEAR from your start date INCLUDING YOUR LOA ROTATION). After completing the form, you must UPDATE your TB/CPR which are due before they expire. Automated reminders will also be sent to inform you when your TB and CPR are due to expire. All extension paperwork, including the reorientation quiz certificate, annual competency checklist, safe patient handling certificate, and radiation safety training certificate, need to be submitted by the given deadline to remain in the program. These forms are to be done on a yearly basis! It is solely your responsibility to submit an Extension Form by the deadline even if you are on LOA. Once you complete extension requirements and are approved, you are eligible to stay in the program for another year but you may leave earlier if you wish.

SUPPORT SERVICES SURVEY
The following departments are required to complete support services surveys: SMH – CCU, MS (4MN & 4NW), GERIATRICS, ONCO, ORTHO, PEDS; RRH – 5E, 6E, 7E, 7WCTU, 8E, 8N, 8ICU, 8W, GONDA, MICU, PEDS, PICU, PP. CEs in the above departments will complete at least one survey during each shift. CEs will interview patients regarding their stay. The survey should take 10-15 minutes. CEs must submit the survey responses online within 24 hours.
SECTION IV
SECURITY & CODES
All UCLA Health employees, physicians, and volunteers should be familiar with the following safety information.

GENERAL SAFETY

- Department and hospital-wide safety policies and disaster plans are contained in the Safety and Disaster Manual located in each work area. The OSHA guideline manual contains the Hazardous Materials and Waste Management Plan, Injury, and Illness Prevention Program and Blood borne Pathogen Exposure Control Plan. These important OSHA guidelines are in the black and yellow-striped manual. You should know how to locate these manuals in your department.

- UCLA Health has a multidisciplinary Safety Committee that meets monthly to oversee the hospital-wide Environment of Care safety program. The Safety Committee reports its progress to the hospital’s Board of Advisors on a quarterly basis.

- The designated area if a full evacuation is ordered is different depending on the hospital you are assigned to. The hospital may also order evacuation from one building to another. Upon order to evacuate the designated relocation area will be announced using available communication methods (overhead announcements, telephone, email, runners, etc.).

FIRE SAFETY

- The type of fire refers to its source:
  - Class A: Ordinary combustibles such as paper, wood, cloth, and rubbish
  - Class B: Flammable solvents and liquids such as ether, alcohol, oil, gasoline and grease
  - Class C: Electrical equipment and other sources of electricity

- “ABC” fire extinguishers are located in common areas throughout the facility and are effective on the 3 major classes of fires

- Know the location of fire extinguishers and evacuation routes in your work area

- In the event of fire remember the acronym “R-A-C-E”
  - Remove persons in danger
  - Alarm: Call 36#; pull alarm box
  - Contain fire; close doors in area
  - Extinguish fire only if safe to do so OR Evacuate area; horizontally or vertically

- PBX / Communications is responsible for notifying the Fire Department of Code Red. Call “36#” to report fire.
Know how to use extinguisher. Think **PASS**. Approach fire cautiously with extinguisher, and (1) **Pull** ring from extinguisher handle; (2) **Aim** nozzle at base of fire; (3) **Squeeze** handle; (4) **Sweep** from side to side at the base of the fire until it goes out. If the fire gets big, get out and close the door.

Three sides of "Fire Triangle" - you must have the following three elements to start a fire: **Oxygen**, **Fuel**, **Heat**

**HAZARDOUS WASTE MANAGEMENT** (know the locations of the manuals on the floor)

- The Hazard Communication Standard, issued by the Occupational Safety and Health Administration (OSHA), says that employees and volunteers have a right to know about potentially harmful chemicals used in the workplace. The Health System's Hazard Communication Program informs employees about potentially harmful chemicals through the following: container labels, MSDS sheets, and ongoing training/education.
- Material Safety Data Sheets (MSDS) are kept on file in the Emergency Department, Medical Library, Materials Management, and Risk Management Office. Department-specific MSDS are maintained in Department OSHA Guidelines Manual with an inventory of chemicals.
- The HAZMAT / Spills Cart, which is used to clean up potentially harmful chemicals, is maintained in Materials Management.

**INJURY/ILLNESS PREVENTION (SB198)**

- In compliance with the California Senate Bill 198, SM-UCLAMC is committed to providing a safe and healthy work environment through a comprehensive Injury/Illness Prevention Program. This program is detailed in the black and yellow-striped **OSHA Guidelines Manual**.
- Under the program, responsibilities for health and safety are shared by the administration, managers, and employees.

**EARTHQUAKE**

- When on duty in the hospital, a volunteer should take the following steps during an earthquake.
- Keep your composure.
- Protect yourself. Find shelter under a table, desk or interior doorframe but away from falling glass and objects.
- If transporting a patient, try to protect yourself and the patient from falling glass and objects.
- If possible, remain in the building at your assigned work area and follow the instructions of your supervisor.
- If your assistance is not needed in the area where you work, return to the volunteer office for instructions.
- **DO NOT** use the elevators.
CODES
Care Extenders should always report directly to charge nurse on the floor and follow directions when codes are called (or need to be called).

<table>
<thead>
<tr>
<th>Problem</th>
<th>Description</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code red</td>
<td>Fire</td>
<td>RACE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) Remove persons in danger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Alarm: Call #36; pull alarm box</td>
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<td>3) Contain fire; close doors in area</td>
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<td></td>
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<td>4) Extinguish fire only if safe to do so OR</td>
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<tr>
<td></td>
<td></td>
<td>Evacuate the area; horizontally or vertically</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Medical Emergency</td>
<td>Dial #36</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant Abduction</td>
<td>Cover all exits, stairwells and elevators near your area.</td>
</tr>
<tr>
<td>Code Purple</td>
<td>Possible Child Abduction</td>
<td>Cover all exits, stairwells and elevators near your area.</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Abusive or Combative Person</td>
<td>Keep your distance from the assailant.</td>
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<tr>
<td></td>
<td></td>
<td>Protect/defend yourself.</td>
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<tr>
<td></td>
<td></td>
<td>Dial #36 and report location and situation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remain calm and warn others!</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seek cover and protection.</td>
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<tr>
<td></td>
<td></td>
<td>Move to areas of refuge as appropriate</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Major hazardous materials spill or release</td>
<td>Secure area, dial #36 to report details.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call SPD for spills/HAZMAT cart.</td>
</tr>
<tr>
<td>Code Silver</td>
<td>Person with weapon or hostage situation</td>
<td>Dial #36 and report location and situation.</td>
</tr>
<tr>
<td>Code Triage - Internal</td>
<td>Internal Disaster: Standby and Activate</td>
<td>Care Extenders – report to charge nurse and follow directions.</td>
</tr>
<tr>
<td>Code Green</td>
<td>Evacuation of a patient care area</td>
<td>Care Extenders – report to charge nurse and follow direction</td>
</tr>
<tr>
<td>Security Issues</td>
<td>Suspicious Person or Activity</td>
<td>Call Security x99920 (RR: x77100) or “0” for operator. Do not dial #36!</td>
</tr>
</tbody>
</table>

In the case of an emergency at the hospital, call the hospital operator on our special, direct line:

**#36**

The operator will then contact the police or fire department
Hospital Security’s direct line is x99920 (RR: x77100)
SECTION V
MEDICAL TOPICS
ASSESSMENT

- Level of consciousness (LOC)
  - Unconscious or Awake
- Airway
  - Natural or endotracheal tube
- Breathing
  - Quality: Labored or unlabored
  - Quantity: Fast or slow
  - Device Usage: Ventilator, Mask, Nasal Canula
- Circulation
  - Color: pink, pale, cyanotic
  - Skin Temperature: warm or cool
- Lines (intravenous, feeding, oxygen, urinary catheter, ECG leads)
  - Never insert or remove lines
  - Never silence alarms, especially those attached to intravenous lines
- Signs vs. Symptoms

PATIENT PRECAUTIONS

- Universal health precaution
  - When in the hospital, treat all unknown fluids as infectious
  - Use PPE and always wash your hands
- Hip precautions
  - Pillows and position are prescribed
- Fall Precautions
  - Yellow star sign indicates fall precaution
- Cervical Spine (C-spine) precautions
  - Any spinal injury is considered a medical emergency
  - Flat bed, no pillows
  - Do not touch cervical collars or halp
- NPO (Nothing Per Oral)
  - Patients who are NPO are not allowed to ingest anything by mouth, including water
  - Always check with an RN before giving the patient anything to ingest; some patients may be on a specific diet, i.e. carb-controlled
AREA/PROCEDURE SPECIFIC PRECAUTIONS

- X-rays
  - DNA mutations
  - Always wear a lead apron and thyroid shield
  - Pay attention to the distance to the machine
- Brachytherapy
  - Radioactive implants for oncology care
- Isolation room
  - Contagious or immunosuppressed patients

MISCELLANEOUS

- Universal precautions
- Acting under RN’s license
- CE’s are NOT allowed to witness any document
- Mandatory abuse reporting
- Know & stay within CE position description
- Never do anything you are not comfortable or trained to do
- What to do when injured

CODE BLUE

- Definition
- Types of codes
- What CE’s do

STROKE

- Signs and symptoms of stroke:
  - Weakness/numbness of face, arm, or leg
  - Inability to speak or understand the words of others
  - Discoordination, loss of balance, dizziness
  - Headache with no known cause
  - Loss of vision in one or both eyes
- Call #36 and ask for CODE STROKE
TYPES OF INFECTION – BLOOD-BORNE PATHOGENS

- HIV
- Hepatitis B (HBV)
- Hepatitis C (HCV)
  - HIV
    - Symptoms:
    - World-wide pandemic of HIV: ~ 1 million infected
    - No vaccine available
  - Hepatitis B (HBV)
    - Symptoms:
    - ~ 300,000-600,000 infected
    - Vaccine is available
  - Hepatitis C (HCV)
    - Symptoms:
    - ~4 million infected
    - Vaccine not available
  - How Transmission Occurs
    - Through bodily fluids
  - Precautions: 99.9% Common Sense
    - “Any bodily fluid in hospital”
    - Universal (Standard) Precautions: protects you from blood and bio-terrorism
    - Steps to a safe living in the hospital
  - In Case of Infection
    - Procedure

THE HOSPITAL ENVIRONMENT
Common Hospital Pathogens
- MRSA
- VRE
- CRE
- Acinetobacter
- C diff.

Main Reservoirs
- People
- Environment (e.g. surfaces, utilities)
Vectors (transporter) of transmission
- Hands
- Patient care items/equipment (any item used for patient care that is not single use; including IV pumps, cardiac chairs, commodes, bedpans, reusable blood pressure cuffs, walkers, etc.)

BASIC INFECTION PREVENTION STRATEGIES

Personal Wellness
Every person has organisms on their body, and has the potential to pass those organisms to others that may or may not cause infection. Protect yourself:
- Regular bathing and oral care
- Clean clothing
- Keeping cuts/wounds covered
- Staying home when you are sick: If you have a fever (100 degrees of higher), cannot contain bodily fluids (vomiting, diarrhea, uncontained draining wounds), or do not feel well enough to work, STAY HOME.
- Vaccination
- Clean your hands frequently with soap and water or alcohol based hand rub
- Remember to cover your mouth and nose with tissue when you cough or sneeze OR cough or sneeze into your upper sleeve. Place your used tissue in the waste basket right away and then clean your hands.

Standard Precautions
Precautions used every time regardless of diagnosis to decrease the risk of transmission.
- Hand hygiene
- Personal Protective Equipment (PPE)
- Respiratory etiquette, staff, family/visitor illness
- Environmental hygiene

Hand Hygiene in the Hospital
- Before and after each patient contact or contact with environmental surfaces
- After removing gloves
- Before touching eyes, nose, face
- After using the restroom
- Use soap and water for visibly soiled hands or when in a C. diff room as well as after transporting a patient; hand sanitizer is okay when hands aren’t visibly soiled or if not touching a patient
WORK RESTRICTIONS WHEN YOU ARE SICK

Conjunctivitis (pink eye)
- Viral conjunctivitis can be particularly contagious and has been associated with outbreaks in hospitals and work settings—a volunteer should not report to work with pink eye.

Diarrhea
- Personnel with acute diarrheal illness that is severe, accompanied by other symptoms (such as fever, abdominal cramps or bloody stool) or last longer than 24 hours should not report to work.

Group A Streptococcal Disease
- Care Extenders with a sore throat, fever and swollen glands should be seen by their primary care physician and have throat cultures performed.

Exposure to chicken pox or shingles
- If you are exposed to either infection and do not remember having either infection in the past, please notify your primary care physician.

Respiratory infections
- If you have a fever, sore throat or cough please stay at home and monitor your symptoms. If you are getting worse please contact your primary care physician.
- Aerosol Transmitted diseases (ATD) are usually spread person to person through direct contact with droplets from coughing or sneezing or through breathing in air that contains infectious organisms.
- Healthcare workers are at risk for occupational exposure to ATDs, including Mycobacterium tuberculosis (TB), influenza (flu), measles, mumps and pertussis (whooping cough).
- TB germs must be inhaled to cause infection. It is not spread by contact with dirty items, soiled tissues or by touching.
- Hospitals and clinics are required by law to screen all employees and volunteers on hire and annually for TB
  - The screening skin test is called a TST (tuberculin skin test).
  - Persons who have a negative TST on hire must repeat the test at least once a year.
  - Persons with a prior or newly positive TST on hire are screened for active disease and have a chest x-ray. These individuals must fill out an annual health questionnaire.
  - Persons from countries where tuberculosis is more common may have had a tuberculosis vaccine called BCG.
REPORTING EXPOSURE OF COMMUNICABLE DISEASES TO OCCUPATIONAL HEALTH

Staff who have unprotected exposure to blood, bodily fluids, or other infectious materials:

- Immediately clean the exposure site when applicable.
- Notify the charge nurse immediately.
- For SM-UCLA MC & OH and RR-UCLA MC, contact Occupational Health Facility (310) 825-6771 located on the 6th floor of the Center for Health Sciences or if after hours, go to the Emergency Medical Center for evaluation.
- Report to Occupational/Employee Health for evaluation and possible medical follow up.

Use of Personal Protective Equipment (PPE)

- Personal Protective Equipment (PPE) refers to items that provide temporary barrier to prevent direct contact with blood, body fluids or organism exposure.
- Always look for isolation precautions at the entrance of the patient room before entering.
  - Each colored sign will give you instructions on the type of isolation room the patient is in.
  - Care Extenders may enter Droplet Precaution, Contact Precaution, and Contact/Spore Precaution isolation rooms. Care Extenders may not enter Airborne Precaution isolation rooms.
SECTION VI
AGE SENSITIVITY
In order to assure that each patient’s care meets his or her unique needs, staff who interact with patients as part of their job must develop skills or competencies for delivering age appropriate communications, care and interventions. People grow and develop in stages that are related to their age and share certain qualities at each stage. Certain populations and specific categories of patients require unique needs and interventions as well. By adhering to these guidelines, staff can build a sense of trust and rapport with patients and meet their psychological needs as well.

**Neonates (< 30 days)**
- Provide security and ensure a safe environment.
- Involve the parent(s) in care.
- Limit the number of strangers around the neonate.
- Use equipment and supplies specific to the age and size of neonate.

**Infants (> 30 days and < 1 year)**
- Use a firm direct approach and give one direction at a time.
- Use a distraction, e.g., pacifier, bottle.
- Keep the parent(s) in the infant’s line of vision.
- Use equipment and supplies specific to the age and size of infant.

**Pediatric (≥ 1 year or < 12 years)**
- Give praise, rewards, and clear rules. Encourage the child to ask questions. Use toys and games to teach the child and reduce fear.
- Always explain what you will do before you start. Involve the child in care.
- Provide for the safety of the child. Do not leave the child unattended.
- Use equipment and supplies specific to the age and size of the child.

**Adolescents (≥ 13 years and < 18 years)**
- Treat the adolescent more as an adult than a child. Avoid authoritarian approaches and show respect.
- Explain procedures to adolescents and parents using correct terminology.
- Provide for privacy.

**Adults (> 18 years and < 65 years)**
- Be supportive and honest, and respect personal values.
- Support the person in making health care decisions.
- Recognize commitments to family, career and community.
- Address age-related changes.
Geriatrics (≥ 65 years)

- Avoid making assumptions about loss of abilities, but anticipate the following: short term memory loss, decline in the speed of learning and retention, loss of ability to discriminate sounds, decreased visual acuity, slowed cognitive function, decreased heat regulation of the body
- Provide support for coping with any impairment.
- Prevent isolation; promote physical, mental, and social activity. Provide information to promote safely.